Abstract 253 Table 1 G-8 geriatric screening tool

Category	Items	Possible responses (score)
{1}	<u>Nutritional status</u>	Has food intake declined over the past three months due to loss of appetite, digestive problems, chewing, or swallowing difficulties?
		□0: severe decrease in food intake □1: moderate decrease in food intake □2: no decrease in food intake
{2}	Body-Mass-Index (BMI) [kg/m ²]	□0: BMI <19 □1: BMI between 19-21 □2: BMI between 21-23 □3: BMI ≥ 23
{3}	Weight loss during the last three months?	□0: weight loss >3 kg □1: unknown □2: weight loss between 1 and 3 kg □3: no weight loss
{4}	<u>Functional status</u>	Mobility?
		□0: bed or chair bound □1: able to get out of bed/chair but does not go out □2: goes out
{5}	<u>Cognitive status</u>	Neuropsychological problems?
		□0: severe dementia/depression □1: mild dementia/depression □2: no psychological problems
{6}	<u>Comorbidities</u>	Takes more than three prescription drugs per day?
		□0: yes □1: no
{7}		In comparison with other people of the same age, how does the patient consider his/her health status
		□0: not as good □0,5: does not know □1: as good □2: better
{8}		Age?
		□0: >85 years □1: 80 - ≤85 years □2: <80 years

cohort of elderly patients with OC. Univariate and multivariate Cox regression analyses and Kaplan-Meier method were performed to analyze the impact of the preoperative global health status on survival.

Result(s)* 116 patients entered the study. In multivariate analysis adjusted for clinical-pathological factors, only the G-8 score retained significance as a prognostic parameter of PFS (HR: 2.009; 95%-CI [1.091-3.699]. 56 patients were classified as G-8 non-frail with an increased PFS compared to 50 G-8 frail patients (53.4% vs. 16.7%; $p=0.010$). A higher CCI was associated with decreased PFS (45.1% vs. 22.2%; $p=0.012$) but it did not influence the risk of recurrences or death ($p=0.360$; $p=0.111$, respectively). The Lee Schonberg prognostic index, the ECOG and mean age were not associated with survival.

Conclusion* The G-8 score independently predicted PFS in elderly OC patients regardless of maximal surgical effort.

Thus, it could be useful to assess surgical treatment based on frailty rather than age alone.

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IMPACT OF BRCA & PD-L1 IN EOC PATIENTS RECEIVING STANDARD 1ST LINE THERAPY +/- PEMBROLIZUMAB: EXPLORATORY ANALYSES FROM THE NEOPEMBROV STUDY (GINECO)

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Introduction/Background* In the randomized phase II Neo-PembroV study (NCT03275506), Pembrolizumab in combination with neoadjuvant chemotherapy (NACT) met its primary endpoint of complete debulking rate (CRR) for the treatment of patients with advanced up-front non-resectable high-grade serous ovarian cancer (HGSOC). However, the CRR in the control group was similar. Identification of potential predictive biomarkers is fundamental to better understand the place of Pembrolizumab in this setting.

Methodology 91 Patients (pts) with HGSOC unable to received complete upfront debulking surgery were included and received Carboplatin (AUC5) Q3W + Paclitaxel (175mg/m²) Q3W +/- Pembrolizumab 200 mg Q3W IV before and after surgery. Pembrolizumab was given until 24 months maximum. After interval debulking surgery, optional bevacizumab was proposed. BRCA1/2 mutation status (BRCA) was assessed using standard algorithms. Immunohistochemical PD-L1 expression was evaluated on both tumour and immune cells (IC) using the Ventana SP263 assay. Associations of progression-free survival (PFS) with BRCA, and PD-L1 expression were evaluated.

Result(s)* BRCA status was available for 81 pts (89%). 3 out of 30 pts (10%) in the control arm harboured a BRCA mutation (mBRCA) versus 13/61 in the experimental arm (21.3%). Median PFS (mPFS) in both arms in the BRCA wild-type (wtBRCA) subgroup were not different (mPFS 20.8 months [95% IC, 15.0-25.7] vs 18.2 months [95%IC, 16.8.0-21.4] in control and experimental arms respectively). mPFS in the mBRCA subgroup were not reached in both arms. PD-L1 expression was available for 85/91 patients (93.4%). PD-L1 IC ≥5% was positive in 29/85 patients (34.1%) and correlated to mPFS in the whole population (18.2m in PDL1 IC <5% vs 23.4m PD-L1 IC ≥5% respectively, $p=0.02$). mPFS was

similar HR: 1.39 [0.71-2.74] in patients with PD-L1 IC<5% (mPFS 19.3mo [14.9-25.7] vs mPFS 18.2mo [14.5-19.3] in control and experimental arms respectively). Pembrolizumab improved mPFS (HR: 0.56 [0.19-1.61]) for pts with PD-L1 $\geq$ 5% (mPFS 20.8 mo [9.5-NE] vs mPFS 23.4mo [18.0-NE] in control and experimental arms respectively).

Conclusion* If no benefit in adding Pembrolizumab to CT +/- bevacizumab was found in wtBRCA subgroup, exploratory PFS analyses in the PD-L1 IC $\geq$ 5% subgroup showed a trend favouring Pembrolizumab in patients with advanced HGSOc.

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PROGNOSTIC IMAGE-BASED QUANTIFICATION OF CD8CD103 T CELL SUBSETS IN HIGH-GRADE SEROUS OVARIAN CANCER PATIENTS

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Introduction/Background* CD103-positive tissue resident memory-like CD8+ T cells (CD8CD103 TRM) are associated

with improved prognosis across malignancies, including high-grade serous ovarian cancer (HGSOc). We investigated whether quantification of CD8, CD103 or both is required to improve existing survival prediction and whether all HGSOc patients or only specific subgroups of patients benefit from infiltration.

Methodology We applied image-based quantification of CD8 and CD103 multiplex immunohistochemistry in the intratumoral and stromal compartments of 268 advanced-stage HGSOc patients from two independent clinical institutions.

Result(s)* Infiltration density of CD8CD103 TRM was independent of clinicopathological factors and primary treatment strategy. A survival benefit of CD8CD103 TRM infiltration was observed in patients treated with primary cytoreductive surgery. Moreover, survival benefit in this group was limited to patients with no macroscopic tumor lesions after surgery (high epithelial CD8CD103 TRM infiltration 5 year survival 83% versus 52%, $p=0.03$; high stromal CD8CD103 TRM 5 year survival 77% versus 54%, $p=0.01$). No effect of CD8CD103 TRM infiltration on overall survival was observed in patients treated with neo-adjuvant chemotherapy, with or without macroscopic tumor lesions after surgery (high epithelial CD8CD103 TRM infiltration, $p=0.77$; high stromal CD8CD103 TRM infiltration, $p=0.32$).

Conclusion* Our results suggest CD8CD103 TRM quantification as a superior method for prognostication compared to single CD8 or CD103 quantification, and supports the further exploration of image-based quantification of CD8CD103 TRM in HGSOc. This approach provides novel insights into

a. High CD8CD103 TRM stromal and epithelial infiltration, HGSOc tissue

b. Low CD8CD103 TRM stromal and epithelial infiltration, HGSOc tissue

Abstract 263 Figure 1 Examples of representation CD8CD103 double staining assessed by immunohistochemistry